State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 AUG 25 11:49

Profit Corporation Annual Report for the year: 1997
Filing period: January 1 - March 1
Filing Fee: $50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation			
44182	Bear Hydraulics Inc			
3. Principal Office Address		City	State	Zip
45 Fullerton Rd		Warwick	RI	02886-1428
4. Business Phone Number		5. State of Incorporation		
401-732-5832		RI		

6. Brief description of the character of business conducted in Rhode Island
Machine Shop

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Vincent Gambardella	none
Street Address: 30 Wentworth Ave	Street Address:
City: Warwick State: RI Zip: 02889	City: State: Zip:
Secretary Name: Robert Gambardella	Treasurer Name: Thomas Gambardella
Street Address: 12 Robert Circle	Street Address: 76 Mill Cove Road
City: Johnston State: RI Zip: 02919	City: Warwick State: RI Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
none	
Street Address	Street Address
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10		No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: Vincent Gambardella
Date: 8/9/16

Signature of Authorized Representative
X Vincent J Gambardella SIGN DOCUMENT HERE

FILED
AUG 25 2016
BY CM 282101 11:58

Form No. 630
Revised: 2016